

State Approved Special Considerations ACCESS for ELLs™ School Year 2014-2015

All limited-English proficient (LEP) K-12 students, including students in grades 1-12 with disabilities, are expected to take part in the ACCESS for ELLs™ (English Language Proficiency test).

Districts must juggle state requirements, student needs, and parents' wishes and despite a district's best efforts, situations will arise that prohibit the inclusion of every student. Extended absence, family vacations, significant medical and emotional issues, and parent refusals are but a few of the issues that are not entirely within the district's control. Students who do not participate are reported in two different ways on assessment reports: did not participate for state approved reasons and did not participate for other reasons. The distinction is particularly important in accountability reporting since the second case negatively affects reported participation rates, while the first does not.

The state approved reasons, called State Approved Special Considerations (SASC), fall within four broad areas: Medical Emergency/Serious Illness, Severe Emotional Distress, Death in the Family, and Students who participate in another state's assessment system. In all cases, the exemptions must be approved by the ESOL Test Coordinator, Susan Morgan, at the NH Department of Education and are acknowledged with an email receipt to the school principal and district superintendent.

Contents of these Guidelines:

Pages 1-2: Overview of State Approved Special Considerations (SASC)

Page 3: Student Information Form (Must be submitted to NH-DOE with every request)

Page 4: Parent Consent Form (Do not submit to NH-DOE)

Pages 5-8: SASC-1: Medical Emergency or Serious Illness

Pages 9-12: SASC-2: Severe Emotional Distress

Pages 13-14: SASC-3: Death in the Family

Pages 15-16: SASC-4: Participating in Another State's Assessment Program

To see SASC forms for assessments other than the ACCESS for ELLs™ English language proficiency test, please click on the following link: http://www.education.nh.gov/instruction/assessment/necap/admin/admin11.htm

SASC Procedure

SASC requests are made for ACCESS for ELLs[™] in March of each year. Three of the four SASCs (SASC-1, SASC-2, and SASC-3) are based on significant medical or emotional disruptions to the student's life. In these three cases, the request is based on a decision made by an educational team that includes the student's teachers, school counselor, principal, parents or legal guardian, medical or mental health professional, and, if possible, the student. The other SASC (SASC-4) is administrative in nature and thus the request may be made by district personnel.

Who does what?

- The Educational Team gathers information, consults with appropriate people, documents the team
 discussion and offers a final recommendation in writing regarding whether to request a SASC or not.
 Documentation must include the basis for this recommendation. However, an IEP team may not
 state in the IEP that a student will not participate in the annual state ELP assessment.
- The Educational Team sends the documented recommendation to the district Superintendent for final review and action.
- o **The District Superintendent** reviews the team recommendation, makes a final decision based on the documented information, then completes, signs, and forwards the appropriate *District Assurances* together with the student information form to the State Coordinator of the ACCESS for ELLs™ at the NH Department of Education.
- The NH State Coordinator of the ACCESS for ELLs™ assessment reviews the submitted District Assurances Form, and if needed, contacts the principal or the office of the Superintendent for clarification or other action. The Department issues a written receipt with a decision to the district Superintendent (copied to the principal) for each request for a SASC.

Note: The decision to test or not test a student <u>should not depend</u> on the outcome of the request to the NH-DOE. If a student can be assessed, he or she should be assessed. The result of an approved or non-approved exemption is applied to assessment and accountability reporting.

Request for <u>State Approved Special Considerations for the ACCESS for ELLs™ Assessment 2014-2015</u> is available online at: <u>www.education.nh.gov/assessments/ells.htm</u>

When are Forms SASC-1, SASC-2, SASC-3 and SASC-4 due to the NH Department of Education?

• ACCESS for ELLs: All domains tested

Must be submitted March 1 – 31, 2015 for the 2014-2015 ACCESS test

Fax (do not email) completed forms to: Susan Morgan

NH ESOL Testing Coordinator NH Department of Education

101 Pleasant Street Concord, NH 03301

FAX NUMBER fax: 603-271-0053



State Approved Special Considerations

FORM 1: STUDENT INFORMATION FORM

(Form 1 must be Submitted with All Requests)

Request Date				
Student First Name (Only):				
SASID:				
Date of Birth (MM/DD/YYYY):				
Gender:				
Reason for Request: (circle one type)	1. Medical Emergency or Serious Illness	2. Severe Emotional Trauma	3. Death in the Family	4. Participating in Another State's Assessment System

Grade to be Impacted by this Request:

What grade			_		the A				ssessn	nent?			
2014-2015 ACCESS for ELLs	PreK- K	1	2	3	4	5	6	7	8	9	10	11	12

School and SAU Contact Information:

School of Enrollment	
Responsible/Sending District	
SAU Number	
Name of School Principal	
Phone Number for Principal	
Email for Principal	
Name of Superintendent	
Email for Superintendent	



State Approved Special Consideration

FORM 2: PARENT CONSENT SIGNATURE FORM

(Do not submit to NHDOE. Retain with student record.)

I have consulted with the	scho	ol dis	trict,	and a	igree	with '	this r	eques	st to e	exem	ot my	child	
from the ACCESS for ELLs	Engli	sh lar	nguag	e pro	ficier	icy te	st. Ιι	ınder	stand	d that	this r	nean	s I
will have no assessment	data f	or my	/ child	d for t	the ye	ear of	instr	uctio	n beir	ng ass	essec	ł.	
											_		
1. Student's name:													
1. Student's name.													
2. In the chart below, pl	ease n	nark st	tudent	t grade	е.								
What grad	le is th	e stud	ent in	durin	g the	ΔCCFS	S for F	ills as	sessm	ent?			
windt grac						grade n			303311	ciic.			
		1	I		<u> </u>	<u> </u>	I	I		<u> </u>	1	<u> </u>	1
2014-2015 ACCESS for ELLs	PreK- K	1	2	3	4	5	6	7	8	9	10	11	1
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By signing this request,													
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I do or do not (circle or				_						-	-	ny Chi	IIU
from the ACCESS for ELLs	···· Eng	JIISTI I	angu	age p	rojicie	ency t	est jo	or me	aicai	or ou	ier		
extraordinary reasons.													
I do or do not (circle or	ne) ai	ve pe	rmiss	ion f	or the	distr	ict to	disci	uss th	e rea	uest i	if	
necessary with the Coord		-		-						-		,	
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				_									
Parent Name (Please Print)													
							,	,					
Parent Cianature				_	_	/.	Data	/	_				
Parent Signature							Date						

SASC-1: Medical Emergency or Serious Illness

(Pages 5-8)

Students with very serious, chronic, and fragile medical conditions can and do participate successfully in statewide assessment. However, there are rare and unique situations in which a student is unable to participate in any part of the ACCESS for ELLs English language proficiency test. Such decisions must be made with the greatest care and restraint. Every student has the right to participate in the ACCESS test in order to show what he or she knows and is able to do as compared to English development standards.

Rule of Thumb:

If the student can receive instruction, the student can participate in statewide assessment.

Special education law requires that each student who receives special education services must have a written Individualized Education Plan (IEP) that documents how this student will participate in the ACCESS for ELLs. If a student's IEP team seeks a medical exemption, this team decision must also be documented in the IEP. However, the IEP team may not state in the IEP that an ELL will not participate in the annual ELP assessment.

Basic Medical Emergency or Serious Illness In rare instances, a student may be unable to complete or participate in any domain of the ACCESS for ELLs English language proficiency test *due to a documented significant and fully incapacitating medical emergency*. Examples of significant medical emergency include: a serious car accident, hospitalization, or placement in hospice care. Medical emergencies of this kind must be *identified and verified in writing by a licensed physician and kept on file by the local district.* (Students with broken arms can usually participate with accommodations.)

Conditions that *do not* qualify for any medical exemption:

- Medical Fragility All medically fragile students are expected to participate in ACCESS for ELLs assessment unless a significant and documented medical emergency exists in addition to medical fragility.
- District provided home-based educational programs (student remains enrolled in district)
- Pregnancy
- > Students with acute, short term minor illnesses or injuries

Who can sign the Treating Physician Form?

The Treating Physician Form may be signed by a licensed medical professional who is not under contract with the district nor related to the student. The licensed medical professional should have the qualifications necessary to render an informed judgment about how the child's medical condition affects schooling.

Note 1: Make up testing - Domain area tests (ACCESS for ELLs) that cannot be made up may (based on cause) qualify for medical exemption, but in most cases, missed test sessions can be made up. For example, sometimes a medical exemption might be granted for Speaking but not for Reading. Typical brief acute illness is not cause for such an exemption.

Note 2: Length of Test Window and Medical Exemption: ACCESS for ELLs. When considering medical exemption requests, it's important to consider the length of the test window: ACCESS for ELLs (about 6 weeks). Students who participate in ACCESS for ELLs may have chronic or episodic illnesses and are available for instruction (and assessment) only during parts of the testing window. In general, try to

apply the rule of thumb noted above – if the student has been receiving instruction, the student should be assessed. Requests for exemptions should be consistent with the description of Medical Emergency offered above. Final decisions regarding medical exemptions for students taking the ACCESS for ELLs should be finalized by March 1st.

Note 3: Missed test window - Students who qualify for the ACCESS for ELLs, but entered NH public education after February 1^{st} of that year have the option of taking the test, but are not required to take it until the 2015-2016 school year.

When are Forms for SASC-1 due to the NH Department of Education?

ACCESS for ELLs: All domains tested
 Must be submitted March 1 – 31, 2015 for the 2014 - 2015 ACCESS test

What Forms must be submitted for SASC-1?

FAX to NH DOE: Form 1 (Student Information Form), retain original with student records **FAX to NH DOE:** Form 3 (District Assurances for SASC 1), retain original with student records Complete Form 2 (Parent) – Retain original with student records, do not send to the NH DOE Complete Form 4 (Physician) – Retain original with student records, do not send to the NH DOE



Request for Medical Emergency/Serious Illness Exemption

FORM 3: DISTRICT ASSURANCES FOR SASC 1

(Must be Submitted with Request)

It is the responsibility of the district Superintendent to review in a timely manner all requests for State Approved Special Consideration that would permit any student to be exempted from statewide assessment for reasons of medical emergency or serious illness. The criteria below include the minimum conditions that must be addressed in order to grant a student a special consideration exemption from the ACCESS for ELLs™ English language proficiency test. Upon receipt of a request for such exemption, the Superintendent must determine if the following conditions have been met:

	CASES: Assurances by District garding Basic Medical Emergency	Yes	No	If no, then add comment(s):
A1.	Was the student consulted prior to the submission of this request?			
A2.	Does the student agree with this request?			
A3.	Were the parents/guardian consulted prior to the submission of this request?			
A4.	Have the parents/guardian signed an agreement to this request? (Form 2)			
A5.	Have the parents/guardian signed consent for district staff to share relevant information about this request with the Coordinator of the ACCESS for ELLs™ test at the NH Department of Education? (Form 2)			
A6.	Is there a serious medical or related qualifying issue that prevents this student from receiving instruction during the remaining test window?			
A7.	Has a treating physician certified that this student cannot participate in instruction, even with accommodations, during the remaining test window? (Form 4)			IF NO, student does not qualify.
A8.	Has a treating physician certified that this student cannot participate in assessment, even with accommodations, during the remaining test window? (Form 4)			
cer	tify that the information contained within	this not	ification	is complete and accurate.
uper	intendent's Name – Print			Student's First Name - Print
uper	intendent's Name – Signature			/



Request for Medical Emergency/Serious Illness Exemption

FORM 4: TREATING PHYSICIAN FORM

PRIOR TO COMPLETION, **PHYSICIAN MUST READ PAGES 5 & 6 OF THIS DOCUMENT**(Do not submit to NHDOE, retain with student records)

As the treating physician, you are in a position to advise the parents and educational team regarding a request for medical emergency exemption from the ACCESS for ELLs™ English language proficiency test for the student listed below. It is the purpose of this document to inform the context of the advice you provide in response to this request. It is the responsibility of the public district to review in a timely manner all requests for Medical Exemption that would permit any student to be exempted from ACCESS for reasons of medical emergency. The criteria below include the minimum conditions that must be addressed in order for the NH Department of Education to grant a student a special consideration exemption from ACCESS.

Student Name:													
		What grade is the student in <u>during</u> the ACCESS for ELLs™ test? (Please circle the appropriate grade number)											
2014-2015 ACCESS for ELLs™	PreK- K											11	12
Treating Physician's Assurances to be Documented by School District for the NH State Department of Education: Treating Physician Please Mark Response and Initial												tial	
Before responding, please read	efore responding, please read pages 5 & 6 to inform your answers: Yes No Initials												
receiving instruction during the the student is able to receive i	nere a medical emergency or serious illness that prevents this student from eiving instruction during the remaining test window? Note: Generally if student is able to receive instruction during this time, then the student y also participate in assessment.												
A2. I certify that this student cannot accommodations, during the re	-	-		-	ven wit	h							
A3. I certify that this student cannot accommodations, during the re	-	-			even wi	th							
Signature of Treating Physicia	ın										– Date		

SASC-2: Severe Emotional Distress

(Pages 9-12)

Students with very serious, chronic, and fragile medical conditions can and do participate successfully in statewide assessment. However, there are rare and unique situations in which a student is unable to participate in any part of the ACCESS for ELLs™ English language proficiency test. Such decisions must be made with the greatest care and restraint. Every student has the right to participate in the ACCESS for ELLs™ English language proficiency test in order to show what he or she knows and is able to do as compared to English development standards.

Rule of Thumb

> If the student can receive instruction, the student can participate in statewide assessment.

Severe Emotional Distress In rare instances, a student may be unable to complete or participate in any part of the assessment *due to* documented *significant and fully incapacitating emotional trauma that extends across the entire remaining test window.* Severe Emotional Distress qualifies if it prevents the student from participating in instruction offered either at school or at home. Sometimes, this distress requires a student to be hospitalized in a mental health facility. Severe Emotional Distress of this kind must be *identified and verified in writing by a licensed mental health worker and kept on file by the local district.*

Special education law requires that each student who receives special education services must have a written IEP which documents how this student will participate in the ACCESS for ELLs English language proficiency test. If a student's special education team seeks a severe emotional distress exemption, this team decision must also be documented in the IEP. However, the IEP team may not state in the IEP that an ELL will not participate in the annual ELP assessment.

Conditions that do not qualify for exemption:

- Mental health conditions that permit students to receive instruction
- Students placed in county jails or juvenile correctional facilities
- Student or Parent Refusal
- Pregnancy

Who can sign the Treating Licensed Mental Health Worker Form?

The Treating Licensed Mental Health Worker Form may be signed by a licensed mental health worker who is not under contract with the district nor related to the student. The licensed mental health worker should have the qualifications necessary to render an informed judgment about how the child's mental health condition affects schooling.

Note 1: Make up testing - Domain area tests (ACCESS for ELLs $^{\text{M}}$) that cannot be made up may qualify for severe emotional distress exemption, but in most cases, missed test sessions can be made up. For example, sometimes a severe emotional distress exemption might be granted for Reading but not for Writing.

Note 2: Length of Test Window and Medical Exemption: ACCESS for ELLs^{\dagger}. When considering severe emotional distress exemption requests it is important to consider the length of the test window for ACCESS for ELLs^{\dagger} (about 6 weeks). Some students have emotional or psychiatric conditions and are

available for instruction (and assessment) only during parts of the test window. In general, try to apply the rule of thumb noted above – if the student has been receiving instruction, the student should be assessed. Requests for exemptions should be consistent with the description of Severe Emotional Distress offered above. Final decisions regarding severe emotional distress exemption for students taking the ACCESS for ELLs™ should be finalized by March 1st.

Note 3: Missed test window - Students who qualify for the ACCESS for ELLs $^{\text{M}}$, but enter a NH public school after February 1st have the option of taking the test, but are not required to take it until the next school year.

When are Forms for SASC-2 due to the NH Department of Education?

ACCESS for ELLs™: All domains tested
 Must be submitted March 1 – 31, 2015 for the 2014-2015 ACCESS for ELLs™ test

What Forms must be submitted for SASC-2?

Form 1 – Fax to NH DOE, retain original with student records

Form 2 – Retain original with student records, do not send to the NH DOE

Form 5 – Fax to NH DOE, retain original with student records

Form 6 – Retain original with student records, do not send to the NH DOE



SASC-2: Severe Emotional Distress

FORM 5: DISTRICT ASSURANCES FOR SASC-2

(Must be Submitted with Request)

It is the responsibility of the district Superintendent to review in a timely manner all requests for State Approved Special Consideration that would permit any student to be exempted from the ACCESS for ELLs™ English language proficiency assessment for reasons of severe emotional distress. The criteria below include the minimum conditions that must be addressed in order to grant a student a special consideration exemption from ACCESS. Upon receipt of a request for such exemption, the Superintendent must determine if the following conditions have been met:

As	surances by District:	Yes	No	If no, then add comment(s):
	Was the student consulted prior to the submission of this request?			
2.	Does the student agree with this request?			
3.	Were the parents/guardian consulted prior to the submission of this request?			
4.	Have the parents/guardian signed an agreement to this request? (Form 2)			
5.	Have the parents/guardian signed consent for district staff to share relevant information about this request with the Coordinator of the ACCESS for ELLs™ assessment at the NH Department of Education? (Form 2)			
6.	Is there a mental health issue that prevents this student from receiving instruction during the remaining test window? - Note: Generally if the student is able to receive instruction during this time, then the student may also participate in assessment. (See also pages 9-10)			
7.	Has a treating mental health worker certified that this student cannot participate in instruction , even with accommodations, during the remaining test window? (see pages 9-10) (Form 6)			
8.	Has a treating mental health worker certified that this student cannot participate in assessment , even with accommodations, during the remaining test window? (see pages 9-10) (Form 6)			

Superintendent's Name – Print	Student's First Name – Print
	/
Superintendent's Name – Signature	Date



Request for Exemption due to Severe Emotional Distress

FORM 6: TREATING MENTAL HEALTH WORKER FORM

(Do not submit to NH-DOE, retain with student records)

As the treating physician, you are in a position to advise the parents and educational team regarding a request for mental health exemption from the ACCESS for ELLs™ English language proficiency test for the student listed below. It is the purpose of this document to inform the context of the advice you provide in response to this request. It is the responsibility of the public district to review in a timely manner all requests for a Mental Health Exemption that would permit any student to be exempted from the ACCESS for ELLs English language proficiency test for reasons of severe emotional distress. The criteria below include the minimum conditions that must be addressed in order for the NH Department of Education to grant a student a special consideration exemption from assessment.

	Student Name:													
			What grade will the student be in <u>during</u> the assessment? (Please circle the appropriate grade number.)											
AC	CESS for ELLs	PreK- K												12
	Licensed Mental Health Worker Assurances to be Documented by School District for the NH State Department of Education: Licensed Mental Health Worker Please Mark Response and Initial													
Be	fore responding, please read	pages	9 & 10) to inf	orm yo	ur ans	wers:		Yes	No	Ir	itials		
1	Is there a mental health issue instruction during the remaining is able to receive instruction departicipate in assessment. (See	ng test v Iuring th	window nis time	? Note e, then t	: Gene	rally if t	he stud	dent						
2	I certify that this student cann e accommodations, during the re	-	-		-									
3	3 I certify that this student cannot participate in assessment, even with accommodations, during the remaining test window. (See pages 9-10)													
 Sig	nature of Treating License	d Men	tal He	alth W	orker/						Date	_		

SASC-3: Death in the Family

(Pages 13-14)

Each year, some students suffer the loss of a close family member. This is a most difficult time for the student, the student's family, and the student's educational family. Each child responds in a different way and schools should address the student's emotional needs before worrying about participation requirements in the ACCESS for ELLs™ assessment. Unlike SASC-1 and SASC-2, the student is probably capable of taking part in the ACCESS for ELLs™ English language proficiency assessment, but it may not be appropriate to do so. For some students, exclusion from assessment will be part of what is needed for the school to respond to students' needs. For others, the school will help the student participate in all regularly scheduled school activities − including assessment. School counselors, together with the students' teachers and parents should make the decision carefully. This is one of the times that it will be appropriate to factor the students' wishes into the decision.

All requests for SASC-3 should be made at the end of a test window. Schools may wish to notify the Coordinator of ACCESS for ELLs™ by email that they have a student for whom a SASC-3 may be requested. As the testing window comes to an end and the school no longer has enough time to test the student, a formal request may be submitted.

When are Forms for SASC-3 due to the NH Department of Education?

ACCESS for ELLs: All domains tested
 Must be submitted March 1 – 31, 2015 for the 2014-2015 ACCESS for ELLs test

What Forms must be submitted for SASC-3?

Form 1 – Fax to NHDOE, retain original with student records

Form 2 – Retain original with student records, do not send to the NHDOE

Form 7 – Fax to NHDOE, retain original with student records



SASC-3: Death in the Family

FORM 7: DISTRICT ASSURANCES FOR SASC-3

(Must be Submitted with Request)

It is the responsibility of the district Superintendent to review in a timely manner all requests for State Approved Special Consideration that would permit any student to be exempted from the ACCESS for ELLs™ English language proficiency assessment for reason of death in the family. The criteria below include the minimum conditions that must be addressed in order to grant a student a special consideration exemption from assessment. Upon receipt of a request for such exemption, the Superintendent must determine if the following conditions have been met:

Assurances by District:	Yes	No	If no, then add comment(s):
Was the student consulted prior to the submission of this request?			
2. Does the student agree with this request?			
Were the parent(s)/guardian consulted prior to the submission of this request?			
 Have the parent(s)/guardian signed an agreement to this request? (Form 2) 			
5. Have the parent(s)/guardian signed consent for district staff to share relevant information about this request with the Coordinator of the ACCESS for ELLs at the NH Department of Education? (Form 2)			
6. There is agreement amongst school staff – teacher(s), school counselor, and principal that it is not in the best interest of the student to participate in the assessment due to a death in the student's family?			
I certify that the information contained with	hin this	notific	ation is complete and accurate.
Superintendent's Name – Print			Student's First Name - Print
Superintendent's Name – Signature			Date

SASC-4 Student Participates in Another State's English Language Proficiency Assessment System

(Pages 15-16)

LEP students are sometimes placed by their public district in a state other than NH. NH requires that these students participate in English language proficiency assessment, but does not require that it be the NH ACCESS for ELLs™. For example, we have had students participate in the English language proficiency assessment at both public and non-public schools in Massachusetts. In this case, we can grant the sending district a SASC to ensure that student's non-participation in NH ACCESS assessment does not negatively impact district accountability reporting. If a district verifies that the student is participating or has participated in another state's English language proficiency system for this year, the district may request an exemption.

ACCESS for ELLs™ eligible NH public school students attending school in another state <u>must</u> participate in the English language proficiency assessment. In general, sending districts must arrange testing for students they have placed in private or non-public programs anywhere in the country. Receiving public high schools must arrange for English language proficiency testing for students attending their school. These students are not exempt from testing.

Please contact Susan Morgan at the NH Department of Education to discuss any of these cases should they arise.

Susan Morgan
NH ESOL Testing Coordinator
271-3719
Susan.Morgan@doe.nh.gov

When are Forms for SASC-4 due to the NH Department of Education?

ACCESS for ELLs™ English language proficiency test:
 Must be submitted March 1 - 31, 2015 for the 2014-2015 ACCESS test

What Forms must be submitted for SASC-5?

Form 1 – Fax to NH DOE, retain original with student records Form 9 – Fax to NH DOE, retain original with student records



SASC-4: Participating in Another State's Assessment

FORM 9: DISTRICT ASSURANCES FORM FOR SASC-4

(Must be submitted with Request)

It is the responsibility of the district Superintendent to review in a timely manner all requests for State Approved Special Consideration that would permit any LEP student to be exempted from the NH ACCESS for ELLs™ English language proficiency test. The criteria below include the minimum conditions that must be addressed in order to grant a student a special consideration exemption. Upon receipt of a request for such exemption, the Superintendent must determine if the following conditions have been met:

Name of State where students are placed			
Name of State Assessment			
Is the test an English language proficiency assessment based on language development standards?			
Is the test an alternate English language proficiency assessment based on alternate language development standards?			
When is, or was, the assessment administered? (month and year)			
The assessment covered material taught at which grade?			
I certify that the information contained within this no	notifica	ation is	complete and accurate.
Superintendent's Name – Print		Student's	s First Name – Print
Superintendent's Signature			/